Revision:

HCFA-PM-94-5

(MB)

APRIL 1994

State/Territory: __LOUISIANA

SECTION 3 - SERVICES: GENERAL PROVISIONS

Citation

3.1 Amount, Duration, and Scope of Services

42 CFR Part 440, Subpart B 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act (a) Medicaid is provided in accordance with the requirements of 42 CFR Part 440, Subpart B and sections 1902(a), 1902(e), 1905(a), 1905(p), 1915, 1920, and 1925 of the Act.

(1) Categorically needy.

Services for the categorically needy are described below and in <u>ATTACHMENT 3.1-A</u>. These services include:

1902(a)(10)(A) and 1905(a) of the Act

- (i) Each item or service listed in section 1905(a)(1) through (5) and (21) of the Act, is provided as defined in 42 CFR Part 440, Subpart A, or, for EPSDT services, section 1905(r) and 42 CFR Part 441, Subpart B.
- (ii) Nurse-midwife services listed in section 1905(a)(17) of the Act, are provided to the extent that nurse-midwives are authorized to practice under State law or regulation and without regard to whether the services are furnished in the area of management of the care of mothers and babies throughout the maternity cycle. Nurse-midwives are permitted to enter into independent provider agreements with the Medicaid agency without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

___ Not applicable. Nurse-midwives are not authorized to practice in this State.

STATE CUINCANA

DATE REC'D 5-94

DATE APPV'D 8-3-94

DATE EFF 4-1-94

HCFA 179 94-15

TN# 94-15 Approval Date 8/3/94 Effective Date 4/1/94

Supersep 3-32

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory: LOUISIANA

itation

3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy (Continued)

1902(e)(5) of the Act

- Pregnancy-related, including family (iii) planning services, and postpartum services for a 60-day period (beginning on the day pregnancy ends) and any remaining days in the month in which the 60th day falls are provided to women who, while pregnant, were eligible for, applied for, and received medical assistance on the day the pregnancy ends.
- $\sqrt{\overline{X}}$ (iv) Services for medical conditions that may complicate the pregnancy (other than pregnancy-related or postpartum services) are provided to pregnant women.

1902(a)(10), clause (VII) of the matter following (E) of the Act

(v) Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy are the same services provided to poverty level pregnant women eligible under the provision of sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

TN No. Approval Date MAY 21 1992 Supersedes

Effective Date __OCT_01 1991

TN NO. Page 19, Item
3.1(a)(1)(iii) & (iv)
(87-24); Page 19a, Item 3.1(a) (1) (v)

HCFA ID: 7982E

DATE REC'D DATE EFF HCFA 179

Revision: HCFA Region VI (MB) November 1992 LOUISIANA State/Territory: Amount, Duration, and Scope of Services: Categorically Needy (Continued) Citation 3.1(a)(1)1902(a)(10)(D) Home health services are provided to individuals entitled to nursing facility services as indicated in item 3.1(b) of this plan. 2902(e)(7) of (vii) Inpatient services that are being furnished to infants and children described in the Act section 1902(1)(1)(B) through (D), or section 1905(n)(2) of the Act on the date the infant or child attains the maximum age for coverage under the approved State plan will conginue until the end of the stay for which the inpatient services are furnished. 1902(e)(9) of the (viii) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan. 1902(a)(52) (ix)Sérvices are provided to families and 1925 of the éligible under section 1925 of the Act Act has indicated in item 3.5 of this plan. 1905(a)(23) Home and Community Care for Functionally (x)

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy, specifies all limitations on the amount, duration and scope of those services, and lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A and Appendices A-G to Supplement 2 to Attachment 3.1-A.

STATE CULSCANA

DATE RECD DEC 24 1992

DATE APPVO JAN 27 1993

DATE EFF OCT 91 1992

HCFA 179

IN No. Superseder TN No. 91-21

end 1929

Approval JAN 27 1993 Effective Da OCT 01 1992

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

OMB No.: 0938-

Citation

Amount, Duration, and Scope of Services (continued)

42 CFR Part 440, Subpart B

(a)(2)Medically needy.

> <u>/X/</u> This State plan covers the medically needy. The services described below and in ATTACHMENT 3.1-B are provided.

> > Services for the medically needy include:

1902(a)(10)(C)(iv) of the Act

42 CFR 440.220

(1)If services in an institution for mental diseases or an intermediate care facility for the mentally retarded (or both) are provided to any medically needy group, then each medically needy group is provided either the services listed in section 1905(a)(1) through (5) and (17) of the Act, or seven of the services listed in section 1905(a)(1)through (20). services are provided as defined in 42 CFR Part 440, Subpart A and in sections 1902, 1905, and 1915 of the Act.

Not applicable with respect to nurse-midwife services under section 1902(a)(17). Nurse-midwives are not authorized to practice in this State.

1902(e)(5) of the Act

(ii) Prenatal care and delivery services for pregnant women.

TN No. Approval Date 12-12-97 Supersedes TN No.

Effective Date 7-1-97

HCFA ID: 7982E

STATE _ DATE REC'D DATE APPY'D HCFA 179

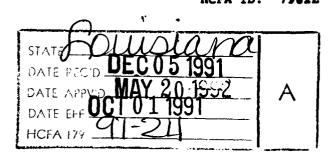
20a									
Revision:	HCFA-PM-91-4 ℟ AUGUST 1991	(BPD)		OMB No.:	0938-				
	State/Territory:	LOUIS	SIANA						
Citation	3.1(a)(2)	Amount. Medicall	Duration, and y Needy (Conti	Scope of Se	rvices:				
		plann a 60- pregn month to wo for,	day period (be ancy ends) and	and postpar eginning on i any remain 60th day fa pregnant, and received	tum services for the day the ing days in the ills are provided were eligible I medical				
	<i>□</i> 7	may o	omplicate the	pregnancy (and postpart	condition that other than cum services) are				
		3.1-E	, for recipier	nts under ad	d in <u>ATTACHMENT</u> je 18 and itional services.				
		<u>/x̄/</u>	entitled to i	institutionatic cover those	ect to recipients al services; the se services for				
		nursi	health service ng facility se o) of this plan	ervices as i	lents entitled to indicated in item				
42 CFR 44(440.150, 4) Subpart B 442.441, Subpart C 1902(a)(2) and (21)	MÓ. 160,	(vii)Servi dise	ces in an instance for individual	titution for iduals over	mental age 65				
	//(viii)Services in an intermediate care facility for the mentally retarded.								
	of the Act		patient psychi dividuals unde		ces for				

TN No.

Supersedes 2 Approval Date MAY 20 1992

TN No.

RCFA ID: 7982E



Revision: HCFA-PM-93-5 (MB)

MAY 1993

State: LOUISIANA

Citation /

3.1(a)(2) Amount, Duration, and Scope of Services:

Medically Needy (Continued)

1902(e)(9) of

_ (x) Respiratory care services are provided to ventilator dependent individuals as indicated in item 3.1(h) of this plan.

1905(a)(23) and 1929 of the Act (xi) Home and Community Care for
Functionally Disabled Elderly
Individuals, as defined, described and
limited in Supplement 2 to Attachment
3.1-A and Appendices A-G to Supplement 2
to Attachment 3.1-A.

ATTACHMENT 3.1-B identifies the services provided to each covered group of the medically needy; specifies all limitations on the amount, duration, and scope of those items; and specifies the ambulatory services provided under this plan and any limitations on them. It also lists the additional coverage (that is in excess of established service limits) for pregnancy-related services and services for conditions that may complicate the pregnancy.

STATE DULISMAN

DATE REC'D JUL 0 7 1993

DATE APPVID AUC 0 6 1993

DATE EFF APR 0 1 1993

HCFA 179

Revision: HCFA-PM-97-3

(CMSO)

December 1997

State:

LOUISIANA

<u>Citation</u>

3.1 Amount, Duration, and Scope of Services (continued)

Other Required Special Groups: Oualified (a)(3)Medicare Beneficiaries

1902(a)(10)(E)(i) and clause (VIII) of the matter following (F), and 1905(p)(3) of the Act

Medicare cost sharing for qualified Medicare beneficiaries described in section 1905(p) of the Act is provided only as indicated in item 3.2 of this plan.

1902(a)(10) (E)(ii) and 1905(s) of the Act

(a)(4)(i) Other Required Special Groups: Oualified Disabled and Working Individuals

> Medicare Part A premiums for qualified disabled and working individuals described in section 1902(a)(10)(E)(ii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10) (E)(iii) and 1905(p)(3)(A)(ii) of the Act

(ii) Other Required Special Groups: Specified Low-Income Medicare Beneficiaries

Medicare Part B premiums for specified low-income Medicare beneficiaries described in section 1902(a)(10)(E)(iii) of the Act are provided as indicated in item 3.2 of this plan.

1902(a)(10) (E)(iv)(I)1905(p)(3)(A)(ii), and 1933 of the Act

(iii) Other Required Special Groups: Qualifying Individuals - 1

> Medicare Part B premiums for qualifying individuals described in 1902(a)(10)(E)(iv) (I) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

STATE __ DATE RECTO ... Α

TN No. Effective Date -98 Approval Date 5-11-98 Supersedes

Revision: HCFA-PM-97-3

(CMSO)

December 1997

State: LOUISIANA

1902(a)(10)

(E)(iv)(II), 1905(p)(3)

(A)(iv)(II), 1905(p)(3)

the Act

(iv) Other Required Special Groups: Oualifying Individuals - 2

The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying individuals described in 1902(A)(10)(E)(iv) (II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the Act

(a)(5)

Other Required Special Groups: Families Receiving Extended Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

STATE ____ DATE RITTO DATE APPVIO DATE CFF .. HCFA 179

TN No 98-0	5					
Supersedes	Approval	Date	5-11-98	Effective	Dato	.1-1-98
TN No.				PITCCCIAE	Date	

Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory:

LOUISIANA

Citation

3.1 Amount, Duration, and Scope of Services (Continued)

Sec. 245A(h) of the

(a)(6) Limited Coverage for Certain Aliens

- Immigration and (i) Aliens granted lawful temporary resident Nationality Act status under section 245A of the Immigration and Nationality Act who meet the financial and categorical eligibility requirements under the approved State Medicaid plan are provided the
 - (A) Are aged, blind, or disabled individuals as defined in section 1614(a)(1) of the Act;

services covered under the plan if they--

- (B) Are children under 18 years of age; or
- (C) Are Cuban or Haitian entrants as defined in section 501(e)(1) and (2)(A) of P.L. 96-422 in effect on April 1, 1983.
- Except for emergency services and pregnancy-related services, as defined in 42 CFR 447.53(b) aliens granted lawful temporary resident status under section 245A of the Immigration and Nationality Act who are not identified in items 3.1(a)(6)(i)(A) through (C) above, and who meet the financial and categorical eligibility requirements under the approved State plan are provided services under the plan no earlier than five years from the date the alien is granted lawful temporary resident status.

TN No. Approval Date <u>5-1/-98</u> Effective Date /-/-98 Supersedes TN No.

HCFA ID: 7982E

DATE 6 1 HCFA 179

Revision: HCFA-PM-91-42

AUGUST 1991

(BPD)

OMB No.: 0938-

State/Territory: LOUISIANA

Citation

3.1(a)(6)

Amount, Duration, and Scope of Services: Limited Coverage for Certain Aliens (continued)

1902(a) and 1903(v) of the Act

(iii) Aliens who are not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law who meet the eligibility conditions under this plan, except for the requirement for receipt of AFDC, SSI, or a State supplementary payment, are provided Medicaid only for care and services necessary for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903(v)(3) of the Act.

1905(a)(9) of the Act

(a)(7) Homeless Individuals.

Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are

1902(a)(47) and 1920 of RESUMPTIVELY ELIGIBLE PREGNANT WOMEN Windiacory branacas case for braduant

women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State plan.

42 CFR 441.55 50 FR 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act

the Act

(a)(9) EPSDT Services.

The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

TN No. Ovel Date MAY 20 1992 Effective Date _OCT 0 1 1991 Supersed TN No. HCFA ID: 7982E

> Α HCFA 179